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ABSTRACT

The Area Health Education Center (AHEC) is designed to provide educational opportunities in health and allied fields and to improve health care for the Navajo people and other Indians in the region that includes and immediately surrounds the Navajo Indian Reservation. As prime contractor, the University of New Mexico School of Medicine will implement, coordinate, and evaluate the interventions specified in the AHEC Work Statement. These interventions, in summary form, are as follows: (1) initiate a Center for Health Professions Education; (2) assist the Navajo people in identifying health needs and establishing priorities for intervention; (3) determine health manpower needs and implement appropriate educational opportunities; (4) provide technical assistance to the Navajo Community College and the Gallup Branch of UNM in the development of preprofessional, allied health, and basic science curricula; (5) incorporate traditional Navajo healing sciences in existing health programs; (6) develop curriculum and training programs; (7) reduce turnover rates for area health personnel; (8) coordinate all health manpower programs operating in the AHEC geographical area; (9) initiate affirmative action for health manpower employment opportunities; (10) evaluate program effectiveness; (11) develop a health career ladder. The full text of the AHEC Work Statement and the five-year budget plan are included. (JH)

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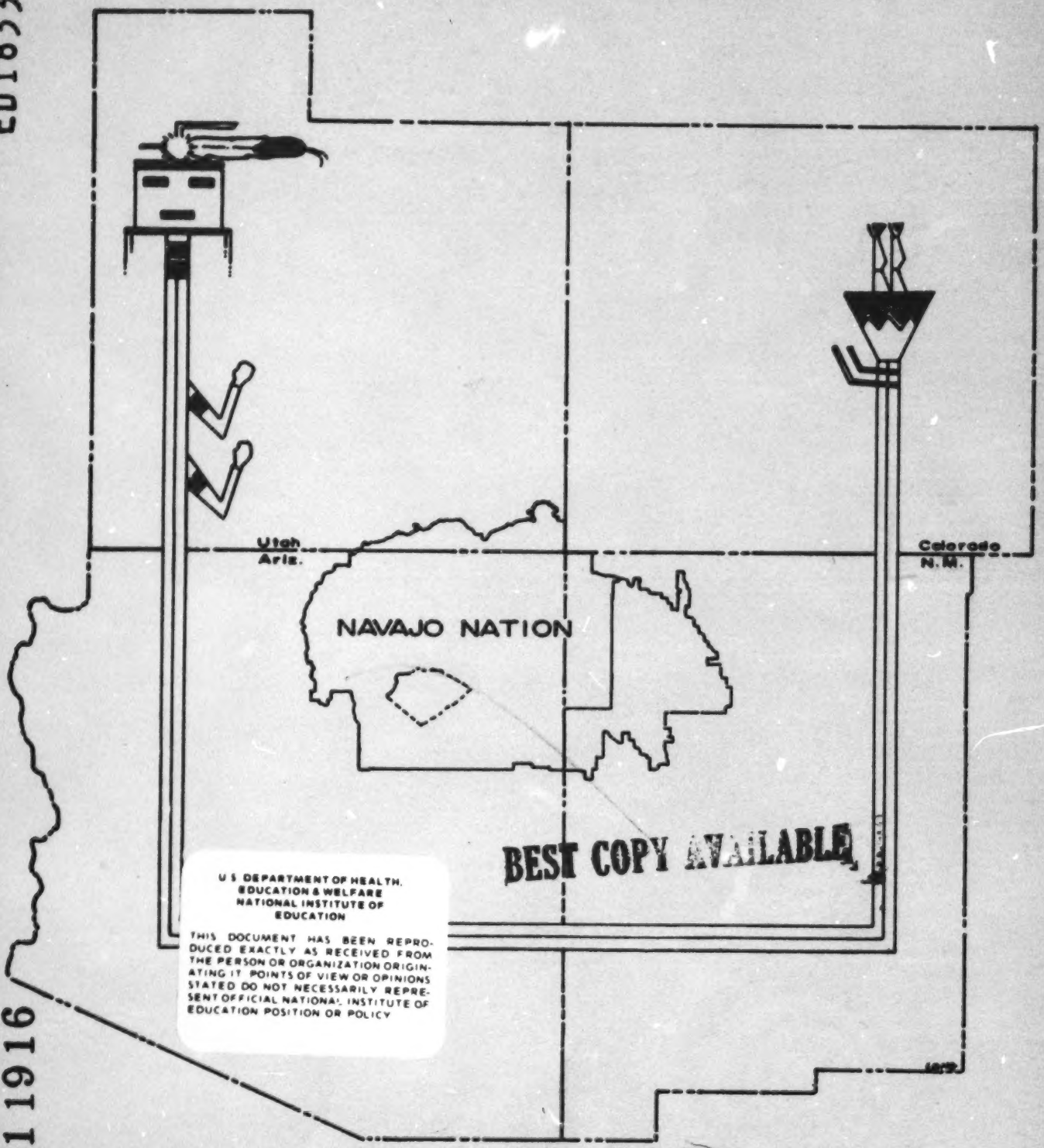

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INTRODUCTION

1. Definition of Geographic Area and Background

This contract has been secured under the Health Manpower Initiative Awards, authorized by Section 774A of the Public Health Service Act, in order to develop an Area Health Education Center (AHEC) for the region that includes and immediately surrounds the Navajo Indian Reservation in the Four Corners area of the Southwest.

In his July 8, 1971, message to the Congress of the United States, the President stated:

> "Despite significant improvements in the past decade and a half, the health of Indian people still lags 20 to 25 years behind that of the general population. The average age at death among Indians is 44 years, about one-third less than the national average. Infant mortality is nearly 50% higher for Indians and Alaska natives than for the population at large; the tuberculosis rate is eight times as high and the suicide rate is twice that of the general population. Many infectious diseases such as trachoma and dysentery that have all but disappeared among other Americans continue to afflict the Indian people . . . .
>
> "Only 2.4 per cent of HEW's Indian Health programs are run by Indians. The result is a burgeoning Federal bureaucracy, programs which are far less effective than they ought to be, and an erosion of Indian initiative and morale . . . .
>
> "Yet - almost unbelievable - we are presently able to identify in this country only 30 physicians and fewer than 400 nurses of Indian descent. To meet this situation, we will expand our efforts to train Indians for health careers . . . ."

The intention of this contract is to provide educational opportunities and improved health care for the Navajo people and other Indians in the area. The population grouping on and immediately surrounding the Navajo Indian Reservation forms a natural unit. The number of Navajos on the Reservation is estimated by the Navajo Census at about 130,000. There are an additional 15,000 other persons on the Reservation. The population of contiguous areas adds another 40,000 persons. The Reservation spans nearly 200 miles, North to South and East to West, in three states (New Mexico, Arizona, and Utah). The surface area of the Reservation itself is approximately 25,000 square miles. The population is relatively homogeneously distributed.

This geographic unit is recognized and served at the Federal level by the Departments of Labor, Commerce, Interior, HUD and Hew. It crosses state and local jurisdictions, however, in a way that has inhibited state or local involvement in the needs of the area except in a fragmentary manner. Budgetary constraints further limit the scope of programs initiated at these levels. Regional Medical Program activities, Comprehensive Health Planning activities, and the activities by the local medical societies inevitably have been piecemeal.

The unmet health needs of the Navajo are well documented. The magnitude, in spite of recent improvements in mortality and morbidity rates, remains among the highest of any single other population grouping of comparable size in the United States. This is in spite of the services rendered by the Indian Health Service and in spite of the presence of health science centers in each of the Four Corners states--New Mexico, Arizona, Utah, and Colorado.

The principal provider of health services for the Indians of this area is the Indian Health Service. It currently has 104 physicians distributed over eight service units and staffing seven hospitals (three of which have AHA accreditation), 12 health centers, and 25 associated field stations and clinics. The physician/population ratio is approximately 92 per 100,000. While the Navajo are the largest Indian tribe in the United States, there is only one (1) Navajo physician. Poverty, wide dispersal of the population, and lack of fully developed transportation and communication systems aggravate the effects of the health manpower deficits.

The turnover rate for physicians in the Indian Health Service (IHS) is around 75% per two-year term. This is related to the service status of most of the commissioned medical personnel in the IHS (in lieu of service in the Armed Forces). Unsatisfactory housing and schools and the relative social and professional isolation are seen as major contributory factors. Improved retention rates of the existing physicians and recruitment from among the large pool of former IHS officers into positions (PHS and civilian) in this area is becoming increasingly important with the termination of the doctors' draft and the anticipated fall in numbers of physicians entering the IHS. For the same reason, development of allied health roles is becoming increasingly important in this area.

Each of the four states that make up the Four Corners area has a health sciences center, state-supported and bearing a commitment to address the health manpower needs of its own respective state. In each instance, there is cognizance of the particular health needs of the Indian population of this region. There are several current activities on the Navajo Reservation in which these schools are participating. These are summarized in Section 2 of this Introduction. Nevertheless, until now there has been no coordinated effort to address the overall health manpower needs of this region. This may be attributable to several factors. The distances from the respective state health sciences centers are considerable. Mileages from these centers to the respective nearest Indian Health Service service units with hospitals are as follows:

University of New Mexico (Albuquerque) to Gallup, New Mexico . . . . . 136 miles
University of Arizona (Tucson) to Winslow, Arizona . . . . . 316 miles
University of Colorado (Denver) to Shiprock, New Mexico . . . . . 407 miles
University of Utah (Salt Lake City) to Shiprock, New Mexico . . . . . 450 miles

There are, in addition, cultural distinctions that retard development of relationships between the Indian populations and established state health institutions. There have been competing priorities within the states. The presence of the Indian Health Service as a means of responding to some of the needs for health manpower, itself, has allowed a tendency for lack of attention in these areas.

Following the thrust of President Nixon's statement, the Honorable Elliot L. Richardson, Secretary of the Department of Health, Education, and Welfare, directed a feasibility study be undertaken by the Bureau of Health Manpower Education in 1971 in response to a request of the Navajo Tribe regarding the establishment of a Medical School within the Navajo Reservation. The establishment of a Center for Health Professions Education on the Navajo Reservation is the principal recommendation and consequence of the Bureau's "Report to Navajo Tribal Council Concerning Establishment of a Medical School Within the Navajo Reservation."

The organizational mechanism for creating a Center for Health Professions Education that can relate with the state health science education centers now exists on the Navajo Reservation. This is the Navajo Health Authority (NHA). Established in June, 1972, following the recommendation of the above-mentioned "Report to Navajo Tribal Council," NHA is chartered by the Navajo Tribal Council as a nonprofit health education organization. Among its objectives is the following:

> Establish and operate a Center for Health Professions Education that will develop, lead to and implement the establishment of American Indian Medical School and appropriate related schools, colleges and training programs for all health professions and allied health professions; and promote, coordinate and direct all health manpower training programs ancillary to the full development and operation of the Center for Health Professions Education.

Apart from the AHEC Award, NHA is operating on a $50,000 appropriation for FY 1973 from the Navajo Tribal Council and a contract of $163,000 from IHS. Efforts are currently under way and applications have been made to receive private funding assistance.

2. Collaborative Agreements and Relationships

The approach taken in this contract calls for a formal agreement by means of a subcontract between the University of New Mexico and the Navajo Health Authority. NHA will achieve a set of relationships between itself and the several existing health and educational institutions and agencies that are presently or potentially involved in health manpower education in the Four Corners area. Among these, two (Indian Health Service and Navajo Community College) participated in the feasibility study that called for the creation of the NHA and its establishment of the Center for Health Professions Education. It is fundamental to the development of the Area Health Education Center that existing programs be incorporated, that existing faculty and expertise from all sources be utilized, and that all appropriate facilities be utilized. Letters of intent to cooperate and give support have been received from representatives of many of these health and educational institutions.

Educational programs in the basic health sciences will be expanded at the Navajo Community College at Tsaile, Arizona, and at the University of New Mexico Branch College at Gallup, New Mexico, so that there will be an accessible entry point into a broad range of health careers. Collaborative agreements with the proposed center will be achieved to implement this. The Navajo Community College is the first Indian institution of higher education to be established on an Indian reservation, and presently offers an Associate of Arts Degree Nursing Program.

The Director and each faculty member at the proposed Center for Health Professions Education will have an academic appointment in one (or more) of the health science centers at the universities in New Mexico, Arizona, Utah, and Colorado, and/or at one of the two community colleges. With access to the several state health sciences centers, the diversity of the particular departmental strengths will be advantageous and relevant to health manpower training for the Navajo. Existing programs of each of these respective universities will be retained and integrated into a coordinated health manpower development program. Professional schools at the respective universities have expressed a willingness to participate in this fashion. With faculty pooled at the proposed Center, with the sharing of information and experience, academic and professional integrity as well as the relevance and viability of the different programs will be assured.

The Indian Health Service presently relates to a wide array of training activities and programs. Many of these represent individual efforts or bilateral agreements for use of IHS facilities and programs for training experiences. These include training programs for community health medics, student nurses, nurse midwives, dental interns, medical students, medical residents, public health students, pharmacy residents and others. The IHS will assist the proposed Center in sharing faculty and staff and will offer its own accredited hospitals for expanding and integrating these programs under the auspices of the Center. The IHS strongly supports the proposed Center and the programs of the NHA; it is already sharing staff and facilities, and is willing to expand the arrangement as necessary.

The Board of Commissioners of the NHS provides an existing mechanism for assuring cooperative relationships among educators, health providers, the community, and government so that there will be broad participation in decisions relating to health professions education and training. Through the Board, the following collaborating parties are represented: University of New Mexico School of Medicine, New Mexico Regional Medical Program, Navajo Community College, and Indian Health Service. In addition, the Board brings to bear the perspectives of eminent figures from the Navajo Community (Navajo health agencies, education and government), and health education and planning.

3. Overall Plan of the Contract

The contract calls for the formation of an Area Health Education Center (AHEC)that will be able to grow into the Center for Health Professions Education that has been recommended for the Navajo, as described in Section 1, and as recommended by the Carnegie Commission.

Prior to the present award the following have been accomplished. The Navajo Health Authority has been established, mandated to organize and establish such a Center. The principal health needs of the area have been identified. Existing health manpower education programs and resources willing to participate have been identified and many are already within close coordination, such as the IHS.

The focus of the first year will be establishing the structure (administration, faculty and institutional relationships), and developing specific programs including student support. Implementation of programs will be on a pilot basis. As already mentioned, relationships with medical centers will not be restricted to the Health Sciences Center of the University of New Mexico. In order to take advantage of the existing relationships and health manpower training programs supported by the other medical centers that relate to the Four Corners area, the proposed Center will negotiate sub-agreements, as might be appropriate, during the initial and subsequent years with the Universities of Arizona, Utah and Colorado. Linkages will be made with the professional associations of Medicine, Dentistry, Pharmacy, Nursing, the allied sciences, etc. Representatives of the Liaison Committee from the AMA and AAMC will be invited to the Navajo Nation to initiate early discussions concerning the planning for medical education.

In subsequent years, further structural development will be necessary. The emphasis, however, will be on program implementation. Programs will include (1) assistance, counsel and support for Indian youth entering into medical, nursing and allied health sciences careers at appropriate accredited institutions; (2) health career entry by development of pre-professional, allied health and basic science curricula at the Navajo Community College and the University of New Mexico Branch College at Gallup; (3) pediatric nurse practitioner and physician assistant training; and (4) physician undergraduate and post-graduate training.

It is clear that, within the suggested guidelines for funding of this contract, the concept of the Center for Health Professions Education can not be fully developed. The intent of the AHEC is to use funds to initiate the development of the Center. Therefore, the faculty and administrative structure will be developed with appropriate care in order to permit growth of the Center beyond the scope of the educational projects specified in the contract. The NHS intends to assist the Center in securing further funds from public and private sources to initiate additional projects until a comprehensive program is developed and fully operating. The initial structural mechanism will, then, be developed only as necessary to undertake the immediate projects and to assure future growth.

Emphasis will be placed on monitoring the outcomes of specific programs and effects on the health care available to the population of the area. Programs will be modified according to these evaluative assessments. The measures of most relevance will be indicators of a developing manpower pool working in appropriate delivery roles in the target area.

Also, emphasis will be placed on curriculum development that employs the best of modern health education without losing benefits that exist in the traditional healing methods indigenous to the area and its culture.

The role of the Health Sciences Center of the University of New Mexico will be carefully balanced so that, as primary contractor, it can assure that the contract is implemented at a high level of academic excellence while honoring the mandated role of the NHA and the principle that the project truly be an effort of the Navajo community. Therefore, the University of New Mexico, through its Health Sciences Center, as primary contractor, will provide the mechanism, using a subcontract, whereby NHA can establish an AHEC that will become the Center for Health Professions Education.

Because the project and the relationship is viewed as a very important contract to the University of New Mexico and NHA, the role of the Program Director is extremely important. The Director will be selected jointly by the NHA and the Vice President for Health Sciences at the University of New Mexico. His position will be jointly funded, through this contract, by the University of New Mexico and NHA. He will have an appropriate academic and/or administrative appointment within the Health Sciences Center of the University, and he will be Director of the Center for Health Professions Education within the NHA. Through him, the University of New Mexico will maintain responsibility for the quality and the success of the project.

An advisory committee will be established by the University of New Mexico and the NHS in order to monitor the extent and quality of the activities under subcontract and advise the Program Director. This committee will include representatives of other similar organizations involved with or affected by the proposed Center for Health Professions Education. The advisory committee will be requested to make regular reviews of the progress of the program, and report all necessary or appropriate modifications in the scope of the project, the contract contents, and the plan of action.

The above is a modification of the AHEC concept originally outlined in thr report of the Carnegie Commission on Higher Education. This structured modification is necessary to accomplish the objectives set forth by the Commission, given the constraints imposed by the unique geographic and political characteristics of the area. It is appropriate, given the availability of existing support from multiple resources and the opportunity to expand upon existing relationships. It is consistent with the initiatives already undertaken as well as the aspirations of the Navajo.

4. Objectives and Summary of Work Statement

In order to assist the Navajo people, other Indians, and other citizens in the designated area of operations to meet their health needs, reduce current morbidity and mortality rates, and achieve a more equitable distribution of health care providers for this population, the University of New Mexico School of Medicine, through the NHA and the AHEC, will establish, direct, coordinate, maintain and evaluate the interventions that are spelled out in the Work Statement. These are summarized as follows:

a. Initiate a Center for Health Professions Education which will (1) accomplish the existing and planned programs of the NHA, and (2) develop a comprehensive health program. The successful attainment of this objective will contribute to the eventual development of the American Indian Medical School.

b. Assist the Navajo people in identification of their health needs and selecting priorities for intervention.

c. Determine manpower priorities compatible with expressed health needs and overt health problems of this population, and implement appropriate educational opportunities.

d. Develop and maintain linkages and provide technical assistance to existing educational resources in the area (Navajo Community College and the Gallup Branch of the University of New Mexico) in the development and expansion of preprofessional, allied health and basic science curricula and with those institutions of higher education that are reasonably proximate to the area who have the capability of affecting training and providing preceptor responsibility (University of New Mexico, University of Arizona, University of Colorado, University of Utah).

e. Expand the interaction and interrelations of traditional Navajo healing sciences (Medicinemen) for inclusion in appropriate clinical, preclinical and community-based programs, especially those that are currently operational or designed for training.

f. Acquire staff to develop curriculum and training programs.

g. Create a supportive social, economic and professional environment which aims towards the reduction of turnover of personnel and encourage the return of those who left.

h. Provide expertise and technical assistance in the modification, development and coordination of all health manpower programs operating within the AHEC geographical area. Linkages will be maintained with all state (4) Comprehensive Health Planning Agencies and Regional Medical Programs in order to utilize to the fullest these existent capabilities.

i. Establish linkages and procedures to initiate, promote and equalize health manpower employment opportunities and mobility in accordance with DHEW's Affirmative Action Plan.

j. Design evaluation procedures to determine the effectiveness of the above interventions. These procedures will be implemented on a defined periodic time line and reported at least annually.

k. Design, test, implement and continuously evaluate a number of health career lattice structures for manpower development in and of this population. Career priorities will be determined and followed on an established need basis, and delivery systems adaptions or changes shall be initiated when appropriate, such as the prototype career lattice described below.

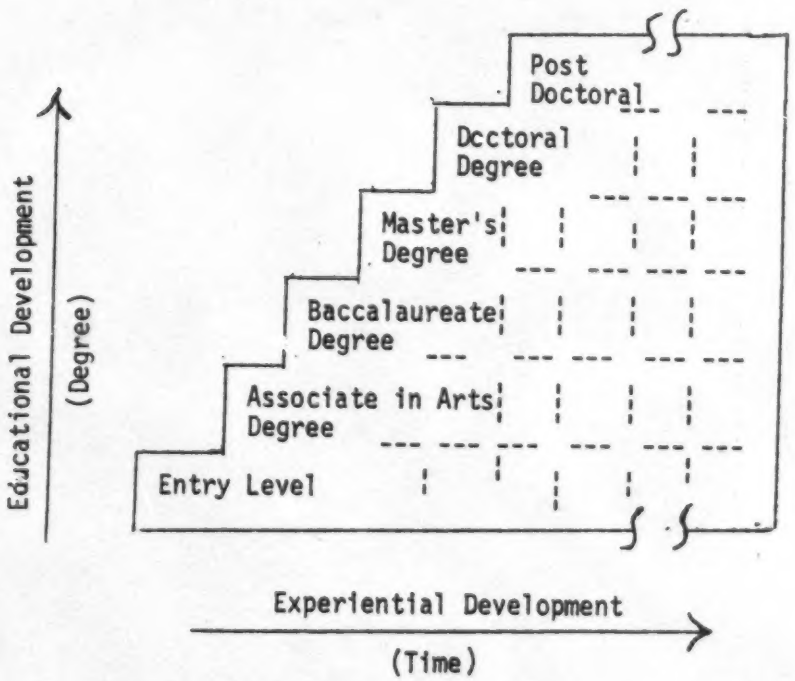
The Prototype Career Lattice

The career lattice conceptualized in this project is aimed at ensuring horizontal mobility for participants as they meet specific criteria related to their performance and at enabling vertical mobility for those participants desirous and capable of academic advancement. Provisions for earning academic credit will be established with cooperating educational institutions, viz: Navajo Community College, University of New Mexico and other institutions of higher education. Such credit will be applicable toward degree requirements in allied health science programs or other recognized academic programs. Provisions for licensure with appropriate professional organizations and state licensing boards will be established. Certification procedures with the Navajo Tribal Council, hospitals and other health employer groups as well as state and county merit systems will be investigated, negotiated and established in every pertaining situation. Due recognition of Indian preference, minority rights protection and equalization of employment advancement opportunity will be enjoined.

It is the further intention of this lattice to ensure mobility for those individuals who wish to pursue and have the resources to pursue academic growth and development; thus it is conceivable that an entry level person could move through stages to doctoral and post-doctoral preparation. It is also possible in the lattice structure to ensure financial recognition and experiential development on a lateral basis where individuals choose for whatever reason to interrupt or discontinue academic advancement. This procedure protects against "dead ending" in a given job category and also provides recognition for capable work performance, which is one of the criterion for more rapid advancement on the lateral scale.

If one were to draw a curve from the vertical to horizontal axis which depicted the relationship of financial compensation of doctoral personnel to entry level personnel, it would show a sharp decline and also indicate that a large majority of health manpower are concentrated in the lower sector.

The lattice concept encourages and enables adjustment of a significant order of this traditional curve in movement of numbers of people upward and across yielding a much flatter curve, more equitable employment advancement opportunity and further recognition of work performance as well as academic accomplishment.



STUDENT SUPPORT

1. Introduction

One of the basic aims of the NHA is to create the opportunity for Indians and other residents living in the Navajo area to obtain advanced education in their chosen field of health care, as well as to encourage and support new entries into the field of health services.

Because American Indians tend to have poorer quality of primary and secondary education, and because the average family income falls far below the national average, the time needed to achieve a given educational goal and the cost (particularly stipend) can be expected to exceed the average. As many as 60% of the students in the Navajo area will require stipends because of the inability of their families to give financial support. It is the objective of the NHA to encourage those without the opportunity in the present system to obtain as much support as is needed to keep them in a training program until completion of the requirements. This not only includes financial support, but also social, mental, and tutorial assistance where necessary. Minority groups are the major target in this attempt to interest and recruit students. It is anticipated that American Indians, and primarily Navajos in this case, will account for a majority of the students in this program. In particular, due to cultural patterns of the Navajo people, great efforts will be made to enroll Navajo males, since the health career opportunities heretofore available have not been accessible to nor compatible with the male role categories of the Navajo society.

In the presentation of costs, the medical, nursing, practitioner, and college students, as well as interns and residents, are felt to be the primary categories for creating opportunities and for financial support. This does not exclude financial support for other training programs such as in-service training, laboratory and dental technicians, or mental health workers; however, the NHA will act to refer and counsel students interested in these areas and create positions from within the health systems for their employment.

2. Summary Analysis, By Year

Student Category	NUMBER OF STUDENTS Year 1	Year 2	Year 3[1]	Year 4 and 5[1]
College	3	6	8	10
Nursing	3	6	8	10
Medical School	1	2	3	4
Intern-Resident[2]	8	16	24	30
Externs[3]	12	20	26	30
Allied Health	7	10	12	12
	34	60	81	96
Continuing Education Enrollment	100	100	200	200

1. Proposed numbers, based on funding requested.
2. Numbers given assume an average rotation of 6 months. Funding requested in FTE's equals number indicated divided by 2.
3. Numbers given assume an average rotation of 3 months. Funding requested in FTE's equals number indicated divided by 4.

3. Program Areas [1]

a. Medical Students

The NHA will support medical students attending medical schools of their choice, preferably one of the four adjacent state schools. A stipend for medical school training will be offered at $3,000 a year. Tuition ($2,500) and travel ($500 ave.) will also be covered. Related graduate health degree programs, such as D. Ph. and M. P. H. are acceptable in this category.

The NHA will advise and recruit Indian medical students for entry into other medical school funded programs, such as are available at Dartmouth, Harvard, University of Rochester, University of Washington, etc. Information will also be made available regarding other sources of funds, such as the Academy for Educational Development, Inc., WICHE, and American Fund for Dental Education, for example.

b. Medical Student Externships

The interest and involvement of medical students in IHS facilities through the Costep program has caused many of them to return for military service. An important part of the physician recruitment program is the early involvement before social and cultural values and expectations are formed.

The funding for placement of third and fourth year medical students into AHEC hospitals for three-month rotations in general outpatient, emergency room, medical, pediatric, surgical, obstetric and gynecologic, and community health services, will include travel ($300 ave.) and housing.

c. Nursing and College Students

The NHA will support Navajo or other minority students enrolled in health related fields at area schools. Students will be offered a $200 stipend to pay for books and equipment, $2,200 for tuition, and $400 (ave.) for travel.

As many as 60% of the students will need a stipend ($3,000 per year) to support themselves and replace the earning power cost to their families in their absence. The impoverishment of the rural extended Navajo family is well documented and is a major factor in the inability of the children to attain college degrees.

1. The dollars shown for tuition, travel and housing as estimated averages used for budgetary purposes. To the extent possible within the total amounts available, support will be tailored to individual needs and will reflect actual costs.

d. Interns and Residents

The rotation of interns and residents through AHEC area hospitals not only helps in bringing valuable expertise to these facilities but, more important, creates positive and valuable experiences in their training which will improve the chances of their returning to work in the underserved area.

The NHA will pay travel ($300 ave.) and housing ($100 per month) in support of their training. Stipends from $10,000 to $15,000 per year, depending on positions, have been offered.

Residents and interns from programs from around the country will be encouraged to apply for these programs because of high volume experiences, the expertise of specialties and NHA staff, and because of unique training in the broad concepts of comprehensive health care.

e. Allied Health Education

On-going programs at Gallup (IHS) and Desert Willow (IHS and University of Arizona) are presently training a number of students, some of whom are Navajo. The NHA will try to recruit one student each year from each of the four IHS hospitals in the AHEC area; one student every other year from the three IHS clinics and other hospitals in the fields of pediatric or medical practitioners, medic, clinic triage, midwife or medical interpreter training.

Funding will include travel ($300 ave.), tuition ($2,200), and will include a stipend to be paid to the hospital or clinic to replace the student's job while the student is in training. The hospital would continue the student's salary while away. Upon return of these personnel, the hospital or employer base is expected to fund the position in the field of the students' training while also absorbing the salary of the replacement.

In this manner, the facility will not lose staff while the student is away and will gain new expertise and a more efficient service upon return of the candidate. This procedure is critical in the operationalization of the health career lattice construct; it permits continuous cyclic flow of manpower into and through health care systems.

f. Continuing Education

The NHA will direct and develop the creation of training programs to improve the quality of health care by professional and supportive nonprofessional staff, and to develop opportunities for those employed in the health service fields to gain in experience, responsibility and financial status.

Programs for medical interpreter, mental health worker, community health representatives, physician aide, nutritionist aide, medical secretary, and health education aide can be developed in each facility. Travel and equipment costs in the training programs will be covered by NHA.

Other programs for professional and paraprofessional personnel will be offered, focusing on team building, interdisciplinary training and provider-patient communication. Examples would include medical Navajo, cultural communication patterns and mental health, and sensitivity training in health care delivery.

All members of the health care team will have the opportunity to participate in these advanced training activities. This participation is an integral part of the health care lattice.

EVALUATION

1. Introduction and Enroute Goals

The design, pretesting, and implementation of evaluation modalities are critical factors of a complete program; they are constituted in the major objectives of this contract.

Evaluation modes should include a specification of the conditions under which program activities take place, a listing of observable, measurable behaviors required to reach the full range of proposed activities, and specification of the criteria by which successful performance or unsuccessful performance of these behaviors will be assessed, if they are to be valuable and relevant.

Evaluation modalities of this contract will include measures of perceived quality of performance as rated by peers and overt response patterns of consumers as well as other objective health-based evaluations. The NHA Center for Health Professions Education (NHA:CHPE) will study and report the effectiveness of program operation in terms of enroute goals:

a. Consumer acceptance measured by continuous citizen involvement in identifying health needs, and their participation in the program as health care workers and consumers.

b. Consumer satisfaction - measured by citizen usage of health care services and impact on morbidity-mortality rates.

c. Training endeavors - measured by scope of programs, quality and innovativeness; number and kinds of persons trained, employed, advanced (vertically and horizontally) in a health career lattice; contrast of entry to graduate percentages in training cohorts; and distribution of jobs throughout the geographic area.

d. Numbers, kinds and results of linkage efforts and technical assistance between the NHA:CHPE and health care organizations, hospitals, clinics, field stations and other health agencies functioning in the geographic area.

e. Results of technical assistance and other linkage efforts of NHA:CHPE with other health manpower, health planning agencies and programs operating in the geographic area, region and contiguous states.

g. Impact of the inclusion of traditional Navajo Healing Science practitioners in coordination with western health practitioners measured by perceived influence on these individuals and health care recipients.

h. Effects of supportive social, economic and professional environment - measured by reduction of personnel turnover and career decisions of trainees to remain in this geographic area.

i. Health career lattice - measured by increased trained health manpower in essential career categories, advancement of personnel, trainee-employer satisfaction, and increased numbers of licensed and certified personnel.

j. Organizational structure and operation - as measured by effectiveness and efficiency in attaining NHA:CHPE goals.

Statistical treatment of evaluation data will be made where appropriate. Additional evaluation indices will be identified as the program develops. These results will be reported at appropriate intervals and no less than annually for each year of program support.

AREA HEALTH EDUCATION CENTER
Contract No. NIH 72-4386

WORK STATEMENT

The Contractor shall, during the period set forth elsewhere in this contract, cause to be furnished all necessary personnel, materials, facilities and equipment as agreed to herein, to evolve an educational-health system which takes maximal advantage of existing resources and talents, in conjunction with existing clinical facilities, and utilizes these resources to educate the needed manpower in settings of demonstrated health care scarcity.

1. During the First Year of this contract the University of New Mexico and the Navajo Health Authority shall jointly do items "a", "b", and "c"; the Navajo Health Authority shall do items "d" through "s".

   a. Establish by joint appointment of the Vice President for Health Sciences at the University of New Mexico and the Navajo Health Authority an Advisory Committee to audit the contract progress.

   b. Establish the Center for Health Professions Education, set up offices, and hire administrative and support staff.

   c. The University of New Mexico and the Navajo Health Authority will jointly recruit, hire and/or designate one (1) senior health professional to be Director of the Center and recruit, hire and/or designate three (3) senior health professionals to be the initial core faculty in such fields as nursing education, community health and medicine.

   d. Establish formal linkages with the Gallup Indian Medical Center, to provide the clinical resources needed for the first medical training program and for continuing education.

   e. Establish a liaison with the Navajo Community College leading to the appropriate relationships for the collegiate and technical training of Indian professionals, paraprofessionals, and allied health personnel through the establishment of allied health training programs.

   f. Establish contracts and/or agreements with Departments and Programs of the Schools of Medicine of the University of New Mexico and the University of Arizona, to provide professional expertise, faculty library and other resources for medical training.

g. Collaborate with the appropriate division of the Gallup Branch of the University of New Mexico to identify the allied health sciences educational opportunities most appropriately developed at its new campus.

h. Identify and develop the appropriate public relationships with organizations and institutions which may be helpful to the program, including the development of a community evaluation and review committee.

i. Initiate and direct a program designed to identify, measure, and significantly improve and favorably alter the effect of special socioeconomic and cultural factors which particularly inhibit the increased distribution of health professionals in this area, particularly those of a housing and community nature.

j. Finalize the initial arrangements essential to the first medical training programs which will begin in the latter six (6) months of the First Year.

k. Review on-going curricula and adapt the same to include the culture, norms and behavior patterns of the indigenous population which insures the integrity and quality of the training program.

l. Identify and enroll at least three (3) pre-college students for enrollment into health science related college degree programs at the Navajo Community College or other related institutions. The Navajo Health Authority will pay particular emphasis to recruitment of Navajo Indian students or students from other disadvantaged or minority groups. Identify and enroll at least one (1) pre-medical student for enrollment in the University of New Mexico School of Medicine or other related institutions. Identify and enroll at least three (3) pre-nursing students for enrollment at the HOPE-Navajo Community College or other related institutions nursing program. Identify and enroll at least seven (7) students into the paramedical and medic training programs at Gallup and Desert Willow or other related institutions; there will be at least one (1) student from each service unit of the Navajo Area Indian Health Service. Advertise for and recruit to the extent possible at least four (4) full time equivalent interns and residents for rotations in IHS hospitals to begin in the academic year of July 1973. Advertise for and recruit to the extent possible for at least twelve (12) externship positions in IHS hospitals to begin in the academic year of July 1973.

m. Seek additional private and Indian monies to assist in the development of the Center for Health Professions Education.

n. Provide a mechanism to increase consumer and professional education regarding health programs in this region.

o. Establish priorities for continuing education and assess the preference of the professionals already in the area.

p. Verify the presence of health employment opportunities.

q. Assist the Indian Health Service utilize the physician assistant graduates to the end that their contribution to the health care team enhances efficiency, the development of a meaningful system, and the delivery of a higher level of care, both in quantity and quality.

r. Initiate a recruitment program through already established systems and channels for the purpose of attracting new health professionals or former resident health professionals to the community, and to assist health professionals remain in the area.

s. Establish an office of student affairs to assist indigenous residents (now students in other programs and at other facilities) to complete their professional training and return permanently to their native peoples, to teach and/or provide health care. This will be accomplished through the funding of a visitation process so they do not lose contact, etc.

2. During the first six months of the Second Year of this contract, the Navajo Health Authority shall do the following:

   a. Solidify the organizational framework of the Center and begin the necessary detailed analysis of the exact nature, purpose, and function of a concept of health professions education for American Indians, as a result of the Center's activity and pursuant to the "Richardson Committee" report to the Navajo Tribal Council.

   b. Maintain the linkages with the Gallup Indian Medical Center and initiate linkages with the Sage, Fort Defiance and/or other hospitals, to provide the clinical resources needed for medical training.

   c. Assist the Navajo Community College in the development of associate degree allied health programs and chart a path leading to the most appropriate role in the college education of Indian professionals, paraprofessionals, and allied health personnel through the establishment of allied health training programs.

   d. Establish preliminary liaison with the University of Utah, University of Colorado, and other institutions and programs which have programs related to Indian Health Education. Maintain the linkage with the University of New Mexico and University of Arizona, for professional expertise, faculty, library and other resources for medical training and for continuing education.

   e. In concert with the above, continue to collaborate with the Gallup Branch or appropriate division of the University of New Mexico to identify allied health sciences educational opportunities.

   f. Continue to develop and identify the appropriate public relationships with organizations and institutions which may be helpful to the program, including the development of a community evaluation and review committee.

   g. Maintain and develop the program designed to identify, measure, and significantly improve and favorably alter the effect of special socioeconomic and cultural factor which particularly inhibit the increased distribution of health professionals in this area, particularly those of a housing and community nature, and to identify priorities for their special resolution.

h. Have at least three (3) college students at Navajo Community College or other related institutions, at least one (1) medical student at the University of New Mexico or other related institutions, at least three (3) nursing students at HOPE-Navajo Community College or other related institutions, at least seven (7) paramedical students at Gallup and Desert Willow or other related institutions, at least four (4) full time equivalent interns and residents at IHS hospitals, supported by the Navajo Health Authority programs.

i. Develop and implement the content of educational programs for in-service training at Gallup, Fort Defiance and/or other hospitals.

j. Recruit and hire at least three (3) health professionals in such fields as environmental health, health education, and maternal and child health.

k. Begin the development of appropriate curriculum materials for the intern and resident medical education to be offered within the next year at Gallup, Fort Defiance, and other hospitals.

l. Develop a plan to recruit, enroll and assist students in such a way as to obtain the goals of the program, achieve the professional aspirations of the students, and meet the great needs of the indigenous people in a manner appropriate to their understanding of their needs and desires, especially as they are viewed over a long period of time, and with special emphasis on the recruitment of Navajo Indians, and other members of disadvantaged or minority groups, or residents of medically deficient areas.

m. Initiate the receipt of further private and Indian funding assistance, and develop the possibility of receiving other special funds appropriate to the health education needs of the people and this area, including Indian Health Service training and other educational funds, and the identification of sources generated by, particularly, Indian involvement and leadership.

n. Provide a mechanism to increase consumer and professional education regarding health programs in this region.

o. Organize the priorities for continuing educational opportunities, and plan to provide at least four (4) courses in health related fields for at least twenty-five (25) non-professional personnel at Gallup, Fort Defiance, and/or other facilities in accordance with the programs of the Navajo Community College and the appropriate Schools of Medicine.

p. Conduct an on-going mecnanism to verify the presence of health employment opportunities, and cause the appropriate development of the same, including special area conferences for the employers.

q. Assist the Indian Health Service utilize the physician assistant graduates to the end that their contribution to the health care team enhances efficiency, the development of a meaningful system, and the delivery of a higher level of care, both in quantity and quality.

r. Expand the recruitment program designed to attract health professionals to this area and to encourage former professionals to return, based upon the great number previously experiencing service in the Indian Health Service programs, and especially in coordination with the Indian Health Service.

s. Assist indigenous residents (now students in other programs and at other facilities) to complete their professional training and return permanently to their native peoples, to teach or provide medical care.

3. During the second six months of the Second Year of this contract, the Navajo Health Authority shall do the following:

a. Expand the organizational framework of the Center, especially for those activities which will be operating in various sub-regions of the identified area, and to complete the necessary detailed analysis of a concept of health professions education for American Indians in concert with the expanding development of the Navajo Community College.

b. Maintain the established linkages with the Gallup Indian Medical Center, and extend formal linkages to other hospitals to provide the clinical resources needed for the medical training program.

c. Continue the development of those high priorities and necessary Navajo Community College components leading to the collegiate and technical training of Indian professionals, paraprofessionals and allied health personnel through the establishment and maintenance of allied health training programs and the necessary Navajo Community College structure required for this program.

d. Maintain formal linkages with universities and facilities for professional expertise, faculty, library, staff and other resource assistance for medical training and for continuing education.

e. In concert with the above, continue to assist the full development of the Gallup Branch or appropriate division of the University of New Mexico in terms of the program goals.

f. Continue to develop and maintain those informal community and area linkages identified and meaningful to the full development of this program.

g. Significantly improve and favorably alter the effect of special socioeconomic and cultural factors which particularly inhibit the increased distribution of health professionals in this area, particularly those of a housing and community nature, and establish a mechanism for their especial resolution.

h. Have identified and enrolled at least: six (6) college students, two (2) medical students, six (6) nursing students, eight (8) full time equilavent interns and residents, twenty (20) externs, and ten (10) paramedical personnel to begin training programs in July 1974.

i. Recruit and hire/or designate the faculty and staff necessary for the next medical training program, while providing support and assistance of every nature to the faculty previously hired.

j. Complete the development of appropriate curriculum materials for the planned medical training program to be offered, and begin the unique experience of investigating the possibility of combining classical curriculum methods and materials of the western civilization with the traditional curriculum methods and materials of the Navajo and American Indian communities to enhance the fullest educational opportunities for each student, while advancing the medical services.

k. Recruit, enroll and assist students in such a way as to obtain the goals of the program, achieve the professional aspirations of the students, and meet the great needs of the indigenous people in a manner appropriate to their understanding of their needs and desires, especially as they are viewed over a long period of time, and with special emphasis on the recruitment of Navajo Indians, and other members of disadvantaged or minority groups or residents of medically deficient areas.

l. Solicit and enhance the receipt of further private and Indian funding assistance, and develop the possibility of receiving other funds appropriate to the health education needs of the people and this area, including Indian Health Service training and other educational funds, and the identification of sources generated by, particularly, Indian involvement and leadership.

m. Relate the activities of this program to the people of this area, the region and the nation, and increase their education in the various and respective areas.

n. Develop and maintain a program for continuing health educational opportunities and career development, pursuant to the desires of the employed population, the requirements of the employers and the opportunity presented by the developing career lattice mechanism for at least twenty-five (25) individuals.

o. Verify the presence of employment opportunities and cause the appropriate development of the same through the coordination mechanism and requirement of the career lattice system, including special area conferences for health career personnel.

p. Continue to assist the Indian Health Service utilize the physician assistant graduates to the end that their contribution to the health care team enhances efficiency, the development of a meaningful system, and the delivery of a higher level of care, both in quantity and quality.

q. Continue to attract health professionals to this area and encourage former professionals to return, in coordination with the Indian Health Service.

r. Assist indigenous residents (now students in other programs and at other facilities) complete their professional training and return permanently to their native peoples, to teach or provide medical care.

Reporting Requirements:

In connection with and as a part of the work and services to be performed hereunder, the Contractor shall:

a. Submit to the Project Officer ten (10) copies of a brief quarterly report summarizing the significant activities accomplished during the report period. It will address the specific tasks of Sections 1-3 above, insofar as they are appropriate to that period of time. It will also include an accounting of the Student Support Cost distributed during the report period.

b. Submit to the Project Officer ten (10) copies of an annual report at the end of each year which will serve as a technical reference document describing all the activities and presenting the results of the entire year. The annual report should include but not be limited to descriptions of curricula, student statistics, recommendations for future curricula changes, cost summaries, etc.

c. Prior to the end of the Fifth Year submit to the Project Officer ten (10) copies of a final comprehensive report which will serve as a technical reference document describing all the activities and presenting the results of the entire contract period. The final report should include but not be limited to description of curricula, student statistics, recommendations for future curricula changes, cost summaries, etc., and a discussion of progress toward achieving a self-supporting program. A draft of the final report shall be submitted for review and approval prior to completion of the contract. It is anticipated the Project Officer will require approximately three (3) weeks to review and comment or approve the report.

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
FIVE YEAR BUDGET SUMMARY
AHEC CONTRACT

TOTALS REQUESTED FROM BHME BY YEAR

ME CONTRACT	1	2	3	4	5	TOTAL
Direct labor with fringe	50,103	60,375	63,606	67,200	70,897	312,272
Other direct costs	19,610	24,480	24,480	24,480	24,480	117,530
Total direct costs	69,713	84,856	88,176	91,680	95,377	429,802
Indirect costs 27%	11,867	14,299	15,086	15,916	16,791	73,959
Total Prime Contract	81,580	99,155	103,262	107,596	112,168	503,761
-CONTRACT						
Direct labor with fringe	211,745	311,806	328,955	347,047	366,135	1,565,688
Other direct costs	310,020	536,508	536,500	536,500	536,500	2,465,020
Total direct costs	530,765	848,306	865,455	883,547	902,635	4,030,708
Indirect costs 14%	25,778	37,919	40,047	42,249	44,573	190,606
Total Sub-Contract	556,543	886,225	905,502	925,796	947,208	4,221,314
TAL REQUESTED FROM BHME	638,123	985,420	1,008,764	1,033,392	1,059,376	4,725,075
Additional nonfederal support	105,142	103,582	104,699	105,882	107,132	526,437
(Percent of BHME)	(16.5%)	(10.5%)	(10.3%)	(10.2%)	(10.1%)	(11.1%)

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

PRIME CONTRACT	START	TIME	TOTAL PROJECT COST	OTHER SOURCE	BHME COST
Direct Labor Costs					
Project Director (Wiese)	Oct.	33%			
Program Director[1]	Oct.	50%			
Secretary	Oct.	50%			
FTE Faculty @ $25,000 (approx. 5 positions @ 20% beginning Jan. 1, 1973)	Jan.	100%	18,750.00	-0-	18,750.00
Subtotal			43,950.00	-0-	43,950.00
Fringe (14%)			6,153.00	-0-	6,153.00
Total Direct Labor			50,103.00	-0-	50,103.00
Other Directs Costs					
Review Committee[2]			11,610.00	-0-	11,610.00
Travel, faculty and administrative staff			8,000.00	-0-	8,000.00
Total Other Direct			19,610.00		19,610.00
Indirect Costs (27%)			11,867.00	-0-	11,867.00
TOTAL COSTS PRIME CONTRACT			81,580.00		81,580.00

1. Program Director is also 50% in subcontract.
2. Review Committee

18 People attending 3 meetings, Honorarium @ $100:	5,400.00
$90 (ave.) per trip x 3 trips x 18 people;	4,860.00
per diems $25/day x 3 days x 18 people	1,350.00
	11,610.00

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

SUB-CONTRACT (NAVAJO HEALTH AUTHORITY)	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
Direct Labor Costs			
Administrative (A)*	135,501	15,000	120,501
Instruction (B)*	63,625	-0-	63,625
Subtotal	199,126	15,000	184,126
Fringe (15%)	29,639	2,250	27,619
TOTAL DIRECT LABOR COSTS	228,995	17,250	211,745
Other Direct Costs			
Equipment (C)*	17,597	9,597	8,000
Car Rental	6,800	-0-[2]	6,800
Travel (D)*	13,053		10,000
Consultation (E)*	21,625	11,500[3,2]	6,300
Building Maintenance	-0-	-0-	-0-
Space and Office Rental (G)*	41,760	5,760	36,000
Equipment Rental (H)*	4,200	-0-	4,200
Consumable Supplies (I)*	6,500	-0-	6,500
Student Support Costs (J)*	243,900	60,000[3]	183,900
NHA Board Meetings (K)*	20,200	10,100	10,100
Indian Student Liaison (L)*	3,500	1,000	2,500
Library Development (N)*	13,485	5,845	7,640
Conferences (O)*	5,800	-0-	5,800
Subcontracts (P)*	84,770	53,490	31,280
Total Other Direct Costs	483,190	157,292	325,020
Total Direct Costs	712,185	174,542	530,765
Indirect Costs (14%)	27,878	2,100[4]	25,778
TOTAL COSTS SUB-CONTRACT	740,063	176,642	555,543

1. Advisability of vehicle purchase to be considered by BHME.
   Sedan 2 @ 3,900
   Stationwagon 1 @ 4800
   4-Wheel drive 1 @ 5100
   Total 17,700
2. Amounts from nonfederal sources to meet total project costs not presently available.
3. From federal source.
4. Total identifiable nonfederal funds is $105,142. This is approximately 16.5% of BHME cost for Prime and Subcontract combined in Year 1.

* See attached schedule

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

	START	TIME	TOTAL PROJECT COST	OTHER SOURCE	BHME COST
SCHEDULE A - ADMINISTRATION					
Executive Director	Oct.	60%			
Program Director[1]	Oct.	50%			
Assistant Program Director[2]	Jan.	25%			
Assistant Director Administration	Oct.	100%			
Director - Student Affairs	Oct.	100%			
Director - Library Development	Jan.	25%			
Director - Native Sciences	Oct.	50%			
Director - Health Systems Liaison	Jan.	100%			
Director - Research and Evaluation[2]	Jan.	75%			
Secretary - Administration	Oct.	100%			
Secretary - Instruction	Apr.	100%			
Secretary - Instruction	Jan.	100%			
TOTAL			135.501	15,000	120,501

1. Program Director is also 50% in prime contract.
2. Assistant Program Director and Director for Research and Evaluation are same.
3. Foundation source.
4. Director for Native Sciences is also 50% in instruction, Schedule B.

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SCHEDULE B - INSTRUCTION	START	TIME	TOTAL PROJECT COST	OTHER SOURCE	BHME COST
M. D., Maternal & Child Health[1]	Jan.	75%			
M. S., Nursing Education[1]	July	100%			
M. D., Community Health[1]	Jan.	75%			
M. P. H., Environmental Health[1]	Apr.	100%			
D. P. H., Health Education	July	100%			
Instructor - Native Sciences[2]	Oct.	50%			
Medicine man 1 FTE (4 men at 25%)	Apr.	100%			
TOTAL			63,625	-0-	63,625

1. Degrees and specialty areas are illustrative only.
2. Instructor for native sciences is also 50% in Administration, Schedule A.

THE UNIVERSITY OF NEW MEXICO
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	TOTAL PROJECT COST	OTHER SOURCE	EHME COST
SCHEDULE C - EQUIPMENT AND CAR RENTAL			
Furniture - Administration 10 sets @ 284	2,840	2,840*	-0-
Furniture - Secretary 4 sets @ 299	1,196	1,196*	-0-
Furniture - Instruction 9 sets @ 107	963	963*	-0-
Furniture - Conference 1 set @ 724	724	724*	-0-
Projector 16 mm 2 @ 491	982	-0-	982
Projector slide 4 @ 157	928	-0-	928
Projector opaque 2 @ 410	820	-0-	820
Projector latern 2 @ 229	458	-0-	458
Projector carousel 4 @ 144.50	578	-0-	578
Projector casette 4 @ 200	800	-0-	800
Projector synchronizer 4 @ 33	132	-0-	132
Film and development	600	-0-	600
Blackboards 12 @ 120	1,440	-0-	1,440
Typewriter 4 @ 485	1,940	1,940*	-0-
Adding machine 1 @ 514	514	514*	-0-
Calculator 1 @ 1,100	1,100	1,100*	-0-
Projection screen - hanging 2 @ 80	160	-0-	160
Projection screen - portable 2 @ 40	80	-0-	80
Chart, clamp 4 @ 50	200	-0-	200
Chart, flip 4 @ 60	240	-0-	240
Newsprint	100	-0-	100
Supply cabinet 2 @ 51	102	-0-	102
Mimeograph	700	320*	380
TOTAL	17,597	9,597	8,000

* From Navajo Health Authority - nonfederal funds

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

SCHEDULE D - TRAVEL

Staff	No. Trips	Days	Mileage	Air Fare Rate	Per Diem	TOTAL
NIH Bethesda[1]	4	4	-0-	$280.00	$25.00	$ 820.00
Gallup	135	1/2	50	.11	-0-	742.50
Fort Defiance	105	1/2	50	.11	-0-	577.50
Albuquerque	30	1 1/2	300	.11	25.00	2115.00
Tucson	3	2	-0-	72.00	25.00	366.00
Denver	3	2	-0-	92.00	25.00	426.00
Salt Lake City	3	2	-0-	102.00	25.00	456.00
Tsaile	15	1	104	.11	25.00	547.00
Local	-0-	-0-	10,000	.11	-0-	1100.00
TOTAL						$7850.00

Faculty	No. Trips	Days	Mileage	Air Fare Rate	Per Diem	TOTAL
NIH	2	4	-0-	$280.00	$25.00	$ 760.00
Gallup	35	1/2	50	.11	-0-	193.00
Fort Defiance	35	1/2	20	.11	-0-	77.00
Albuquerque	6	2	300	.11	25.00	498.00
Tucson	4	2	-0-	72.00	25.00	488.00
Denver	4	2	-0-	92.00	25.00	568.00
Salt Lake City	4	2	-0-	102.00	25.00	608.00
Tsaile	25	1	104	.11	25.00	911.00
Local	-0-	-0-	10,000	.11	25.00	1100.00
TOTAL						$5203.00

SUMMARY

	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
Staff	7,850	-0-	7,000
Faculty	5,203	-0-[2]	3,000
TOTAL	13,053		10,000

1. Location and average no. days are illustrative estimates.
2. $3,053 from other sources will be needed; will proceed with BHME funds as initial source.

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

			TOTAL PROJECT COST	OTHER SOURCES	BHME CO
SCHEDULE E - CONSULTANTS					
Planning and Administracion[1] 14 visits[2]			4,725	6	4,225
Special Instruction and Education[3] 16 visits[2]			5,400		2,075
Clinical Instruction[4] from IHS					
General Surgery	@ 26,000	10%			
Ob-Gyn	@ 26,000	10%			
Pediatrics	@ 22,000	10%			
Int. Med.	@ 22,000	10%			
Fam. Prac.	@ 19,000	10%			
Subtotal			11,500	11,500[5]	-0-
TOTAL			21,625	11,500[5,6]	6,300

1. e.g., economist, legal, auditor-accounting
2. Average visit in 1.5 days, honorarium @ $100 per day, travel @ $220 per visit, per diem @ $25. Average total cost per visit is $337.50.
3. e.g., specialists in anthropology, social psychiatry, behavioral science, audio-visual production, health sciences, emergency medical services, mental health, biostatistics, epidemiology, dental health.
4. Listed specialties are illustrative. These PHS hospital consultants will be used to approximately 10% of a FTE each.
5. Federal (Indian Health Service Funds)
6. $3,825 additional funds from other sources will be needed to meet total project costs for planning and administrative consultants and special instruction and education consultants; will proceed with BHME as initial source.

THE UNIVERSITY OF NEW MEXICO
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BUDGET FIRST YEAR
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	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
SCHEDULE G - SPACE AND OFFICE RENTAL			
Land lease. 3 2-acre sites @ $30/acre/month	5,760	5,760[2]	-0-
Trailer rental 6000 sq. ft. @ $5	30,000	-0-	30,000
Utility hook-up at 3 locations @ $2,000	6,000	-0-	6,000
TOTAL	41,760	5,760[2]	36,000

1. Advisability of purchase to be considered by BHME.
2. Listed is rental value, to be donated by Navajo Tribe. Basis for calculation is 1% of purchase value per month. Undeveloped, usable land in Window Rock area sells at 8,000/acre.

SCHEDULE H - EQUIPMENT RENTAL			
Xerox 2400 @ $350/month	4,200	-0-	4,200
TOTAL	4,200	-0-	4,200
SCHEDULE I - CONSUMABLE SUPPLIES			
Telephone	1,900	-0-	1,900
Postage	400	-0-	400
Office Supplies	1,300	-0-	1,300
Duplication, misc.	900	-0-	900
Printing	2,000	-0-	2,000
TOTAL	6,500	-0-	6,500

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
SCHEDULE J - STUDENT SUPPORT COSTS			
Stipends[1]	121,000	60,000[2]	61,000
Allied Health 7 @ 7,000	49,000	-0-	49,000
Tuition and Fees	31,100	-0-	31,100
Travel	13,500	-0-	13,500
Housing	9,300	-0-	9,300
Dependent Allowance @ 500	10,000	-0-	10,000
Tutorial Support	10,000	-0-	10,000
TOTAL	243,900	60,000[2]	183,900

1. Stipends

	Annual FTE	Rate			
Sr. Residents	4	15,000	60,000	60,000[2]	-0-
Jr. Residents	2	13,000	26,000	-0-	26,000
Interns	2	10,000	20,000	-0-	20,000
Med. Stud.	1	3,000	3,000	-0-	3,000
Nursing stud.	2	3,000	6,000	-0-	3,000
College Stud.	2	3,000	6,000	-0-	3,000
TOTAL			121,000	60,000	61,000

2. From Indian Health Service

SCHEDULE K - NMA BOARD MEETING			
4 meetings, 2 days each - 25 people			
Honorarium @ 100 per meeting	10,000	5,000	5,000
Per diem @ 25	5,000	2,500	2,500
Travel @ 52 (ave.)	5,200	2,600[1]	2,600
TOTAL	20,200	10,100	10,100

1. Nonfederal sources

SCHEDULE L - INDIAN STUDENT LIAISON			
Special assistance, consultation, visits, conferences, etc. - estimated cost	3,500	1,000[1]	2,500
TOTAL	3,500	1,000	2,500

1. Nonfederal sources

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

SCHEDULE N - LIBRARY DEVELOPMENT	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
Subscriptions 50 @ $15	750	-0-	750
Shelves 4 @ $50	200	-0-	200
Card Catalog 1 @ $100	100	-0-	100
Filing Cabinets 4 @ $75	300	300	-0-
Books 500 @ $20	10,000	4,000	6,000
Tables 2 @ $150	300	300	-0-
Chairs 15 @ $75	1,125	1,125	-0-
Lamps 6 @ $20	120	120	-0-
Audio Tape Recorder 4 @ $80	320	-0-	320
Tape Casettes 60 @ $2	120	-0-	120
Audio digest sub. 5 @ $30	150	-0-	150
TOTAL	13,485	5,845	7,640

1. Nonfederal sources

SCHEDULE O - CONFERENCES			
10 Conferences			
Space rental @ $50/day	450	-0-	450
Staff travel	2,350	-0-	2,350
Staff and out-of-area participant per diem @ $25	3,000	-0-	3,000
TOTAL	5,800	-0-	5,800

SCHOOL OF MEDICINE
BUDGET FIRST YEAR
AHEC CONTRACT

SCHEDULE P - SUBCONTRACTS	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
Continuing education	14,560	7,280[1]	7,280
Data processing	4,000	-0-[1]	4,000
Navajo Community College[2]	63,210	43,210[1]	20,000
Medlar	3,000	3,000[1]	-0-
TOTAL	84,770	53,490	31,280

1. Nonfederal sources
2. Navajo Community College and other colleges

Faculty - 2 FTE start Apr. @ 20,000	20,000	-0-	20,000
Secretary start Feb. @ 6,900	4,600	4,600	-0-
Fringe (15%)	3,690	3,690	-0-
Indirect costs (20%)	4,920	4,920	-0-
Space - new class rooms 6,000 sq. ft. @ $5	30,000	30,000	-0-
TOTAL	63,210	43,210	20,000

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET - SECOND YEAR
AHEC - NHA CONTRACT

	TIME	TOTAL PROJECT COST	OTHER SOURCE	BHME COST
PRIME CONTRACT				
Direct Labor Costs				
Project Director[1]	33%			
Program Director	50%			
Secretary	50%			
1 FTE Faculty	100%			
Subtotal		52,961.00	-0-	52,961.00
Fringe (14%)		7,415.00		7,415.00
Total Direct Labor		60,376.00	-0-	60,376.00
Other Direct Costs				
Advisory-Review Committee		16,480.00	-0-	16,480.00
Travel		8,000.00	-0-	8,000.00
Total Other Direct		24,480.00		24,480.00
Indirect Costs (27%)		14,299.00	-0-	14,299.00
TOTAL COSTS PRIME CONTRACT		99,155.00	-0-	99,155.00

1. Also listed in subcontract @ 50% time.

SCHOOL OF MEDICINE
BUDGET - SECOND YEAR
AHEC - NHA CONTRACT

	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
SUBCONTRACT (Navajo Health Authority)			
Direct Labor Costs			
Administrative (Q)*	161,943.00	15,825.00	146,118.00
Instructive (R)*	125,018.00	-0-	125,018.00
Subtotal	286,961.00	15,825.00	271,136.00
Fringe (15%)	43,043.00	2,373.00	40,670.00
Total Direct Labor Costs	330,004.00	18,198.00	311,806.00
Other Direct Costs			
Equipment	-0-	-0-	-0-
Car Rental	6,800.00	-0-	6,800.00
Travel	10,000.00	-0-	10,000.00
Consultation	24,733.00	12,133.00[1]	12,600.00
Space and Office Rental	35,760.00	5,760.00	30,000.00
Equipment Rental	4,200.00	-0-	4,200.00
Consumable Supplies	7,500.00	-0-	7,500.00
Student Support Costs (S)*	474,350.00	120,000.00[1]	354,350.00
NHA Board Meetings	20,200.00	6,800.00	13,400.00
Indian Student Liaison	6,000.00	1,000.00	5,000.00
Library Development	11,060.00	-0-	11,060.00
Conferences	5,800.00	-0-	5,800.00
Subcontracts (T)*	145,388.00	69,608.00	75,780.00
Total Other Direct Costs	751,801.00	215,301.00	536,500.00
Total Direct Costs	1,081,805.00	233,499.00	848,306.00
Indirect Costs (14%)	40,175.00	2,216.00	37,959.00
TOTAL COSTS SUBCONTRACT	1,121,980.00	235,715.00[2]	886,265.00

1. From Federal Source
2. Total Identifiable Nonfederal Funds are $103,582.00 This is approximately 10.5% of BHME Cost of combined Prime plus Subcontract for Year 2.

* See Attached Schedule

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET - SECOND YEAR
AHEC - NHA CONTRACT

	TIME	TOTAL PROJECT COST	OTHER SOURCE	BHME COST
SCHEDULE Q - Administrative				
Executive Director	60%			
Program Director[1]	50%			
Assistant Program Director	25%			
Assistant Director - Administration	100%			
Director - Student Affairs	100%			
Director - Library Development	25%			
Director - Native Sciences	50%			
Director - Health Systems Liaison	100%			
Director - Research and Evaluation	75%			
Secretary - Administration	100%			
Secretary - Administration	100%			
Secretary - Instruction	100%			
Secretary - Instruction	100%			
TOTAL		161,943.00	15,825.00	146,118.00

1. Also listed in prime contract @ 50%.

SCHEDULE R - Instruction				
M. D., Maternal and Child Health	75%			
M. S., Nursing Education	100%			
M. D., Community Health	75%			
M. P. H., Environmental Health	100%			
D. P. H., Health Education	100%			
Instructor - Native Sciences	50%			
Medicine man, 1 FTE	100%			
TOTAL		125,018.00	-0-	125,018.00

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET - SECOND YEAR
AHEC - NHA CONTRACT

SCHEDULE S - Student Support	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
Stipends[1]	256,560.00	120,000.00[2]	136,560.00
Allied Health 10 @ 7000	70,000.00	-0-	70,000.00
Tuition and Fees	62,200.00	-0-	62,200.00
Travel	27,000.00	-0-	27,000.00
Housing[3]	18,600.00	-0-	18,600.00
Dependent Allowance @ 500	20,000.00	-0-	20,000.00
Tutorial Support	20,000.00	-0-	20,000.00
TOTAL	474,360.00	120,000.00[2]	354,360.00

1. Stipends

	Annual FTE	Rate			
Sr. Resident	8	15,000.00	120,000.00	120,000.00[2]	
Jr. Resident	4	13,000.00	52,000.00	-0-	52,000.00
Interns	4	10,000.00	40,000.00	-0-	40,000.00
Med. Students	2	3,000.00	6,000.00	-0-	6,000.00
Nursing Students	4	3,000.00	12,000.00	-0-	12,000.00
College Students	4	3,000.00	12,000.00	-0-	12,000.00
Inservice Training (200)		73.00	14,560.00	-0-	14,560.00
			256,560.00	120,000.00[2]	136,560.00

2. Federal Source (Indian Health Service)

3. Housing Externs 24 @ 375 per 3 months
Interns and residents 16 @ 600 per 6 months

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET - SECOND YEAR
AHEC - NHA CONTRACT

	TOTAL PROJECT COST	OTHER SOURCES	BHME COST
SCHEDULE T - Subcontracts			
Continuing Education (Inservice Training)	14,560.00	7,280.00[1]	7,280.00
Data Processing	7,000.00	-0-	7,000.00
Navajo Community College[2]	120,323.00	60,828.00[1]	60,000.00
Medlar	3,000.00	1,500.00[1]	1,500.00
TOTAL	145,388.00	69,608.00[1]	75,780.00

1. Nonfederal Sources
2. Navajo Community College and other colleges

Faculty 3 FTE @ 20,000	60,000.00	-0-	60,000.00
Secretary	7,280.00	7,280.00	-0-
Fringe (15%)	10,092.00	10,092.00	-0-
Indirect Costs (20%)	13,456.00	13,456.00	-0-
Space - Classroom rental equivalent	30,000.00	30,000.00	-0-
	120,828.00	60,828.00	60,000.00

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
BUDGET - YEARS THREE, FOUR, AND FIVE

	YEAR THREE		YEAR FOUR		YEAR FIVE	
PRIME CONTRACT	OTHER SOURCES	BHME COST	OTHER SOURCES	BHME COST	OTHER SOURCES	BHME COS
Total direct labor and fringe[1]	-0-	63,696.00	-0-	67,200.00	-0-	70,897.00
Total other direct cost[2]	-0-	24,480.00	-0-	24,480.00	-0-	24,480.00
	-0-	88,176.00	-0-	91,680.00	-0-	95,377.00
Indirect costs (27%)	-0-	15,086.00	-0-	15,916.00	-0-	16,791.00
TOTAL COSTS PRIME CONTRACT	-0-	103,262.00	-0-	107,596.00	-0-	112,168.00
SUBCONTRACT - Navajo Health Authority						
Direct labor	16,690.00	286,048.00	17,608.00	301,780.00	18,577.00	318,378.00
Fringe benefits (15%)	2,504.00	42,907.00	2,641.00	45,267.00	2,786.00	47,757.00
Total direct labor	19,194.00	328,955.00	20,249.00	347,047.00	21,363.00	366,136.00
Total other direct costs[2]	215,965.00[3]	536,500.00	216,672.00[3]	536,500.00	217,415.00[3]	536,500.00
Total direct costs	235,159.00	865,455.00	236,921.00	883,547.00	238,778.00	902,635.00
Indirect costs (14%)	2,337.00	40,047.00	2,465.00	42,249.00	2,601.00	44,573.00
TOTAL COSTS SUBCONTRACT	237,496.00	905,502.00	239,386.00	925,796.00	241,379.00	947,208.00
Total nonfederal funds	104,699.00		105,882.00		107,132.00	

1. Assumes annual increase of 5.5%

2. Same as year two in all categories. Projection is based on level BHME funding after Year Two and recruitment of funding from sources needed to maintain output level of Work Statement for Year Two. No adjustments are included for inflation or changes in indirect cost rate.

3. Federal component includes clinical faculty consultants, with a 5.5% annual increase plus $120,000 for senior resident stipends. Nonfederal is $83,168 per year, which is same as Year Two.